

01-08-02 A

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PTO/SB/05 (08-00) (modified)

Approved for use through 9/30/2001, OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

**NEW UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(only for new nonprovisional applications under  
37 CFR 1.53(b))

|                        |                                |
|------------------------|--------------------------------|
| Attorney Docket Number | 21540-05799                    |
| First Named Inventor   | Dietrich W. Schultz            |
| Title                  | AUTOMATIC LINKING OF DOCUMENTS |
| Express Mail Label No. | EL566290426US                  |

**APPLICATION ELEMENTS**

1.  Fee Transmittal Form (in duplicate)

2.  Applicant claims small entity status.  
See 37 CFR 1.27

3.  Specification Total Pages   
(preferred arrangement set forth below)  
■ Descriptive Title of the Invention  
■ Cross Reference(s) to Related Case(s)  
■ Statement Regarding Fed sponsored R & D  
■ Background of the Invention  
■ Brief Summary of the Invention  
■ Brief Description of the Drawing(s)  
■ Detailed Description  
■ Claim or Claims  
■ Abstract of the Disclosure

4.  Drawing(s) (35 U.S.C. Total Sheets   
113)

5. Oath or Declaration  
a.  New Declaration Total Pages   
 Executed (original or copy)

b.  Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)  
i.  DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).

6.  Application Data Sheet. See 37 CFR 1.76

**ACCOMPANYING APPLICATION PARTS**

7.  Assignment Papers (cover sheet & document(s))  
8.  Certified Copy of Priority Document(s) (if foreign priority  
is claimed)  
9.  Power of Attorney or Authorization of Agent  
10.  37 CFR 3.73(b) Statement  
11.  Preliminary Amendment  
12.  Information Disclosure Statement & PTO-1449  
 Copies of IDS Citation(s)  
13.  Nonpublication Request under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form  
PTO/SB/35 or its equivalent  
14.  Return Postcard  
15.   
16.   
17.

**ADDRESS TO:**

Box Patent Application  
Commissioner for Patents  
Washington, D.C. 20231

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For **CONTINUATION OR DIVISIONAL APPS only**: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuing or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**



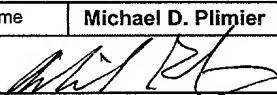
Customer Number and Bar Code  
Label

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|-------------------|---|-----------------------------------|--------|
| Name (Print/Type) | Michael D. Plimier  | Registration No. (Attorney/Agent) | 43,004 |
| Signature         |  | Date                              | 1/4/02 |

|   |  |                          |                     |
|---|--|--------------------------|---------------------|
| 0002/PTO(modified)<br>Rev. 10/2001                                | U.S. Department of Commerce<br>Patent and Trademark Office | <b>Complete if Known</b> |                     |
| <b>FEE TRANSMITTAL</b>  |  | Application Number       | Not Yet Known       |
| <b>TOTAL AMOUNT OF PAYMENT</b>                                    |  | Filing Date              | January 4, 2002     |
| Subtotal (1) + Subtotal (2) + Subtotal (3) = <b>(\$ 1,160.00)</b> |  | First Named Inventor     | Dietrich W. Schultz |
|   |  | Group Art Unit           | Not Yet Known       |
|   |  | Examiner Name            | Not Yet Known       |
|   |  | Attorney Docket Number   | 21540-05799         |

| <b>METHOD OF PAYMENT</b>   |                                     | <b>FEES CALCULATION (continued)</b>  |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
|--|-------------------------------------|--|-------------------------------------|-----------------|-------------------------------------|-------------------------------------|------------------------|----------|-----------|-----------------------------------|-------------------------------------|-----------|--------------------------|----------|--|---|-------------|-------------|---|--|-----------|----------|--|------------------------------------|---|-----------|---|---------|-----------|-----------|--|----|-------------|-----------|---|------------|-------------|-----------|--|---|-----------|------------|------------------|--|-------------|-----------|--|--|-------------|-----------|--------------------------------|--|-----------|-----------|------------------|--|-----------|-----------|-------------------------------|--|-----------|-----------|--|--|-----------|-----------|---|--|----------|----------|--|--|-----------|-----------|---|--|-----------|-----------|--|--|----------------------|--|--|--|----------------------|--|--|--|-------------------------------------|--|-----------------------------------|--|--|--|--|-------------------------------------|-------------------------------------|-----------------|----------|---------|------------------------|----------|----------|-----------------------------------|-----------|-----------|--------------------------|----------|----------|---|----------|---------|---|--|--|--|-----------------|------------------------------------|---|---------|--|---------|---|---|-------|----|---------|---|----|------------|-------|---|---------------|---|---|------------|--|--|-------------------------------------|--|--|--|--|--|--|--|
| <b>1. The Commissioner is hereby authorized to:</b> <p><input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account.</p> <p><input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. †</p> <p><input type="checkbox"/> Applicant claims small entity status<br/>See 37 CFR 1.27</p>  |                                     | <b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th><u>Large Entity</u><br/>Fee Code/Fee</th> <th><u>Small Entity</u><br/>Fee Code/Fee</th> <th>Fee Description</th> <th>Fee Due</th> </tr> </thead> <tbody> <tr><td>105/\$130</td><td>205/\$65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127/\$50</td><td>227/\$25</td><td>Surcharge-late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>147/\$2,520</td><td>147/\$2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>115/\$110</td><td>215/\$55</td><td>Extension for response within first month†</td><td></td></tr> <tr><td>116/\$400</td><td>216/\$200</td><td>Extension for response within second month†</td><td></td></tr> <tr><td>117/\$920</td><td>217/\$460</td><td>Extension for response within third month†</td><td></td></tr> <tr><td>118/\$1,440</td><td>218/\$720</td><td>Extension for response within fourth month†</td><td></td></tr> <tr><td>128/\$1,960</td><td>228/\$980</td><td>Extension for response within fifth month†</td><td></td></tr> <tr><td>119/\$320</td><td>219/\$160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>141/\$1,280</td><td>241/\$640</td><td>Petition to revive unintentionally abandoned application</td><td></td></tr> <tr><td>142/\$1,280</td><td>242/\$640</td><td>Utility Issue Fee (Or Reissue)</td><td></td></tr> <tr><td>143/\$460</td><td>243/\$230</td><td>Design Issue Fee</td><td></td></tr> <tr><td>122/\$130</td><td>122/\$130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>126/\$180</td><td>126/\$180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>179/\$740</td><td>279/\$370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>581/\$40</td><td>581/\$40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146/\$740</td><td>246/\$370</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149/\$740</td><td>249/\$370</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td colspan="4" style="text-align: center;">Other fee (specify):</td></tr> <tr><td colspan="4" style="text-align: center;">Other fee (specify):</td></tr> <tr> <td colspan="2" style="text-align: right;"><b>SUBTOTAL (1)</b> <b>(\$ 740)</b></td> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (3)</b> <b>(\$ 0)</b></td> </tr> <tr> <td colspan="2"> <b>2. 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| <u>Large Entity</u><br>Fee Code/Fee  | <u>Small Entity</u><br>Fee Code/Fee | Fee Description  | Fee Due                             |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 105/\$130  | 205/\$65                            | Surcharge - late filing fee or oath  |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 127/\$50   | 227/\$25                            | Surcharge-late provisional filing fee or cover sheet   |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 147/\$2,520  | 147/\$2,520                         | For filing a request for reexamination   |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 115/\$110  | 215/\$55                            | Extension for response within first month†   |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 116/\$400  | 216/\$200                           | Extension for response within second month†  |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 117/\$920  | 217/\$460                           | Extension for response within third month†   |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 118/\$1,440  | 218/\$720                           | Extension for response within fourth month†  |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 128/\$1,960  | 228/\$980                           | Extension for response within fifth month†   |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 119/\$320  | 219/\$160                           | Notice of Appeal   |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 141/\$1,280  | 241/\$640                           | Petition to revive unintentionally abandoned application   |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 142/\$1,280  | 242/\$640                           | Utility Issue Fee (Or Reissue)   |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 143/\$460  | 243/\$230                           | Design Issue Fee   |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 122/\$130  | 122/\$130                           | Petitions to the Commissioner  |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 126/\$180  | 126/\$180                           | Submission of Information Disclosure Statement   |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 179/\$740  | 279/\$370                           | Request for Continued Examination (RCE)  |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 581/\$40   | 581/\$40                            | Recording each patent assignment per property (times number of properties)   |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 146/\$740  | 246/\$370                           | Filing a submission after final rejection (37 CFR 1.129(a))  |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 149/\$740  | 249/\$370                           | For each additional invention to be examined (37 CFR 1.129(b))   |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| Other fee (specify):   |                                     |  |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| Other fee (specify):   |                                     |  |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| <b>SUBTOTAL (1)</b> <b>(\$ 740)</b>  |                                     | <b>SUBTOTAL (3)</b> <b>(\$ 0)</b>  |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| <b>2. CLAIMS</b> <table border="1"> <thead> <tr> <th><u>Large Entity</u><br/>Fee Code/Fee</th> <th><u>Small Entity</u><br/>Fee Code/Fee</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103/\$18</td><td>203/\$9</td><td>Claims in excess of 20</td></tr> <tr><td>102/\$84</td><td>202/\$42</td><td>Independent claims in excess of 3</td></tr> <tr><td>104/\$280</td><td>204/\$140</td><td>Multiple dependent claim</td></tr> <tr><td>109/\$84</td><td>209/\$42</td><td>Reissue independent claims over original patent</td></tr> <tr><td>110/\$18</td><td>210/\$9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> |                                     | <u>Large Entity</u><br>Fee Code/Fee  | <u>Small Entity</u><br>Fee Code/Fee | Fee Description | 103/\$18                            | 203/\$9                             | Claims in excess of 20 | 102/\$84 | 202/\$42  | Independent claims in excess of 3 | 104/\$280                           | 204/\$140 | Multiple dependent claim | 109/\$84 | 209/\$42   | Reissue independent claims over original patent | 110/\$18    | 210/\$9     | Reissue claims in excess of 20 and over original patent | <table border="1"> <thead> <tr> <th rowspan="2">(Col. 1)<br/>For</th> <th rowspan="2">(Col. 2)<br/>No. of Existing Claims</th> <th rowspan="2">(Col. 3)<br/>Highest No. Previously Paid For</th> <th colspan="2">Extra**</th> <th rowspan="2">Fee Due</th> </tr> <tr> <th>x</th> <th>=</th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td>34</td> <td>20 or 0</td> <td>=</td> <td>14</td> <td>x 18 = 252</td> </tr> <tr> <td>INDEP</td> <td>5</td> <td>minus* 3 or 0</td> <td>=</td> <td>2</td> <td>x 84 = 168</td> </tr> </tbody> </table> <p style="text-align: center;">[ ] First presentation of multiple dependent claim</p> |           |          | (Col. 1)<br>For                            | (Col. 2)<br>No. of Existing Claims | (Col. 3)<br>Highest No. Previously Paid For | Extra**   |   | Fee Due | x         | =         | TOTAL                                      | 34 | 20 or 0     | =         | 14  | x 18 = 252 | INDEP       | 5         | minus* 3 or 0                              | = | 2         | x 84 = 168 |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| <u>Large Entity</u><br>Fee Code/Fee  | <u>Small Entity</u><br>Fee Code/Fee | Fee Description  |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 103/\$18   | 203/\$9                             | Claims in excess of 20   |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 102/\$84   | 202/\$42                            | Independent claims in excess of 3  |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 104/\$280  | 204/\$140                           | Multiple dependent claim   |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 109/\$84   | 209/\$42                            | Reissue independent claims over original patent  |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| 110/\$18   | 210/\$9                             | Reissue claims in excess of 20 and over original patent  |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| (Col. 1)<br>For  | (Col. 2)<br>No. of Existing Claims  | (Col. 3)<br>Highest No. Previously Paid For  | Extra**                             |                 | Fee Due                             |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
|  |                                     |  | x                                   | =               |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| TOTAL  | 34                                  | 20 or 0  | =                                   | 14              | x 18 = 252                          |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
| INDEP  | 5                                   | minus* 3 or 0  | =                                   | 2               | x 84 = 168                          |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
|  |                                     | <b>SUBTOTAL (2)</b> <b>(\$ 420)</b>  |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |
|  |                                     | ** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3   |                                     |                 |                                     |                                     |                        |          |           |                                   |                                     |           |                          |          |  |   |             |             |   |  |           |          |  |                                    |   |           |   |         |           |           |  |    |             |           |   |            |             |           |  |   |           |            |                  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                                     |  |                                   |  |  |  |  |                                     |                                     |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |  |  |  |                 |                                    |   |         |  |         |   |   |       |    |         |   |    |            |       |   |               |   |   |            |  |  |                                     |  |  |  |  |  |  |  |

|                       |   |                                 |        |
|-----------------------|---|---------------------------------|--------|
| <b>SUBMITTED BY</b>   |   | <b>Complete (if applicable)</b> |        |
| Typed or Printed Name | Michael D. Plimier  | Reg. Number                     | 43,004 |
| Signature             |  | Date                            | 1/4/02 |

**NONPUBLICATION REQUEST  
UNDER  
35 U.S.C. 122(b)(2)(B)(i)**

|                      |                                |                     |
|----------------------|--------------------------------|---------------------|
| First Named Inventor |                                | Dietrich W. Schultz |
| Title                | AUTOMATIC LINKING OF DOCUMENTS |                     |
| Atty Docket Number   |                                | 21540-05799         |

I hereby certify that the invention disclosed in the attached application **has not been and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

1/4/02

Date



Signature

Michael Plimier, Reg. No. 43,004  
Typed or printed name/Registration Number

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**

Burden Hour Statement: This collection of information is required by 37 CFR 1.213(a). The information is used by the public to request that an application not be published under 35 U.S.C. 122(b) (and the PTO to process that request). Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 6 minutes to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.